

Welcome to SHAPE!

SHAPE Youth Sponsorship Program Newcomer Application



SHAPE Youth Services

Youth Sponsorship Program

NEWCOMER APPLICATION

Are you 6 - 19 years old ?

Are you moving to SHAPE, or have you arrived within the past 60 days ?

Would you like to meet someone your age to show you around and answer your questions ?

Would you like to participate in fun and exciting trips and activities ?

If you answered YES, then complete this application and return it to Youth Services. We'll match you with your new friend right away!

Get excited! It's great to be at SHAPE!!

Name: _____ Today's Date: _____

Gender: male _____ female _____ Date of Birth (day/month/year): _____ Age: _____

Nationality: _____ When will you be arriving at SHAPE? _____

Mailing Address: _____

Which grade will you be entering into? _____ Which School? _____

Email Address: _____

Home telephone #: _____ Sponsor's current duty telephone #: _____

Sponsor's **new** duty section at SHAPE: _____

What languages do you speak? _____

CHECK EACH ACTIVITY YOU ENJOY:

SOCCER	GYMNASTICS	DANCE	BASEBALL
CHURCH ACTIVITIES	BASKETBALL	BOWLING	TENNIS
BAND / ORCHESTRA	CYCLING	SINGING	KARATE / JUDO
AMERICAN FOOTBALL	MAGIC	COMPUTERS	SCOUTS
POOL (BILLIARDS)	VIDEO GAMES	CAMPING	MOVIES
OUTDOOR ADVENTURE	ARTS / CRAFTS	DRAMA	READING
ROLLER BLADINGH	WRITING	PETS	BABY SITTING
HORSEBACK RIDING	OTHER (Please list) _____		

_____ I would like to borrow a copy of Youth Service's exciting **Newcomer Video**! I agree to return it within 2 weeks of arriving at SHAPE. I realize that if I do not return this video, it will prevent other youth viewing it upon their arrival.

Parent's signature for video request: _____

_____ I would like a **Welcome Packet** filled with information about Belgium and SHAPE !

Newcomer Application Parent Consent and Agreement to Release

Child's Name: _____

Date: _____

(Last)

(First)

I hereby give permission for my son / daughter _____ to participate in the SHAPE Youth Sponsorship Program. My child / youth may participate in all program related activities, on SHAPE, for the period of 60 days following arrival at SHAPE.

I understand that I will need to register my child / youth with Child and Youth Services and complete afield trip permission form, for my child / youth to attend activities off SHAPE.

In case of emergency, I give my permission for my child (legal ward) to receive medical or dental treatment deemed necessary by qualified medical / dental staff for the health and well-being of this child (legal ward). I understand that I am responsible financially, for all costs incurred as a result of this treatment.

My child (legal ward) is allergic to the following drugs: _____

My child (legal ward) has the following medical concerns: _____

Parent's Name: _____ Duty Phone: _____

(Last)

(First)

Name and phone of emergency contact at SHAPE: _____

I hereby certify that the information I have given is correct and hereby consent for my son / daughter's participation in the SHAPE Youth Sponsorship Program. I hereby agree to waive, release and discharge SHAPE, and its Staff and volunteers, from any and all claims for damages or injuries that may be incurred by my child (legal ward) during participation of the above named child (legal ward) in this program. I further agree to accept financial responsibility for any claim for damages or injuries resulting from the actions of my child (legal ward) during hi / her participation in this program.

Parent's signature: _____

Return this application to either CAB (Bldg 209) or SAS (Bldg 602) or Teen / Tween Center (Bldg 503) or send it to:

(From US): **IHSC Community Affairs Branch, SHAPE Youth Services, Unit 21420, APO AE 09705**

(Other): **Youth Services, Building 503, 7010, SHAPE, Belgium**

Newcomer Agreement

As a Newcomer in the Sponsorship Program, I agree to do the following:

* I will update my address and phone number if I move to a new location.

* I will meet my sponsor and come to Building 503 to collect my free activity coupons, which I will use **ONLY** with my sponsor.

* I will call the Sponsorship Coordinator (065 44 5856) or the Administration Office , Bldg 503, (065 44 5613) if there are any problems with my sponsorship.

* I will complete a sponsorship evaluation form within 1 month of being sponsored.

* I will consider being a sponsor in the future for another newcomer my age.

Signature: _____

Date: _____

***** Keep this part of the application form as a reminder of your participation!*****